

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 164

04079

1. PLACE OF DEATH:

County Garrett
 City or town Rural (Accident, Md.)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Rural (Accident)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

ANDREW JACKSON ALEXANDER

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Susan M Alexander
 6.(c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) January.15,1868
 8. AGE: Years 79 Months 3 Days 16 If less than one day
 hrs. min.

9. Birthplace Near Accident (Garrett) Maryland
(Town, county, and state)10. Usual occupation Retired State Road Worker11. Industry or business None12. Name Wm W. Alexander13. Birthplace Cresaptown14. Maiden name Elizabeth Wilburn15. Birthplace Near Accident16. Informant Lloyd AlexanderAddress Near Accident, Md.17. Burial Date thereof May 6 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BrethernLocation Accident, Md.18. Funeral director Wm WinterbergAddress Grantsville, Md.19. May 13 47 Emma J. Spaulding
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 19 47 at 1: P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 Dec 19 46 to 2 May 19 47and that I last saw him alive on 3 Apr 19 47

Immediate cause of death

DURATION

Coronary Heart DiseaseDue to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE AS. Hanes M. D. or otherAddress Oakland Md Date signed 3 May 47

RECEIVED

MAY 14 1947

BIRLAU 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 040782

1. PLACE OF DEATH:

County Garett
 City or town Rural Near Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 Years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garett
 City or town Rural Near Grantsville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bertha Jane Beachy

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Clarence Beachy
 6.(c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) May 28 1883
 8. AGE: Years 63 Months 11 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace R.D.2 Grantsville Md
 (Town, county, and state)

10. Usual occupation House Work

11. Industry or business _____

FATHER
 12. Name Daniel Yommer
 13. Birthplace Not Known

MOTHER
 14. Maiden name Mary M. Broadwater
 15. Birthplace R.D.2 Grantsville Md

16. Informant Clarence Beachy
 Address Grantsville Md

17. Burial Date thereof 5-18-1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Grantsville

Location Grantsville Md

18. Funeral director Wm. Winterberg

Address Grantsville Md

19. May 17 47 Ethel Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1947 at 7 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to May 17 1947

and that I last saw him alive on May 15 1947

Immediate cause of death Chronic Hypertension DURATION 2 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 9 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE V. R. Davis M.D. M. D. or other _____

Address Grantsville Md Date signed May 16 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 20 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04089 177

1. PLACE OF DEATH:

County Garett
 City or town Bitteringer
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garett
 City or town Bitteringer
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward S Brenneman

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MWMarried6.(b) Name of husband or wife Agnes Brenneman6.(c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) May 6-18818. AGE: Years Months Days If less than one day
66 -- 10 hrs. min.9. Birthplace Bitteringer Md
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Brenneman
13. Birthplace Bitteringer Md14. Maiden name Mary Otto
15. Birthplace R.D.2.Grantsville Md16. Informant Mrs Agnes Brenneman
Address Bitteringer Md17. Burial Date thereof May 19-1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bitteringer
Location Bitteringer Md18. Funeral director Alma McIntire
Address Grantsville Md19. May 19 1947 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1947 at 8:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7:00 PM May 16 1947 to Above date 1947and that I last saw him alive on 16 May 1947

Immediate cause of death

Acute Leukemia

DURATION

6 mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles W Stotter Md M. D. or otherAddress Meyersdale Pa Date signed 17 May 47

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MAY 21 1947

BUREAU OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

04081

1. PLACE OF DEATH

County Garrett

Village or City Oakland, Md.

No. Water Street

Registration Dist. No. 166

St.

Ward

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Rachael Calhoun

If U. S. Veteran, specify WAR

(a) Residence: No. Terra Alta, W.Va.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1858

7. AGE Years 88 Months 8 Days 5 If LESS than 1 day, ----- hrs. or ----- min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stemple Ridge, W.Va (State or country)

13. NAME Daniel Harsh

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Rinehart

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Bessie M. Neets (Address) Terra Alta, W.Va.

18. BURIAL, CREMATION, OR REMOVAL Place Stemple Ridge, W.Va Date May 15, 1947

19. UNDERTAKER A. F. Collins (Address) Terra Alta, W.Va.

20. FILED May 15, 1947 Julia A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

13

(Month)

(Day)

1947

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 19 46, to May 12, 19 47

I last saw her alive on May 12, 19 47; death is said to have occurred on the date stated above, at 12.45 P.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Isaemic Circumonia
Arteriosclerosis

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Andrew E. Mance

(Address) Oakland, Md.

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Had to obtain correct family history

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04082

Reg. Dist. No. 162

1. PLACE OF DEATH:

County... Garett
 City or town... Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Md County... Garett
 City or town... Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Charles Uriah Edwards

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Anna Edwards

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

April 16-1868

8. AGE:

Years

Months

Days

If less than one day

79-14

..... hr.

..... min.

9. Birthplace Liberty New York

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name Gilbert Edwards13. Birthplace Not Known

MOTHER

14. Maiden name Adeline Tremper15. Birthplace Not Known16. Informant Mrs Ethel AshbyAddress Grantsville Md. R.D. I

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory HostetlerLocation Rural Near Meyersdale Pa

18. Funeral director

Address Grantsville Md19. May 3 47 Ethel Bradford
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 47, at I p.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Apr 30 19 47, to May 1 19 47
 and that I last saw him alive on May 1 19 47

Immediate cause of death

CEREBRAL HEMORRHAGE

DURATION

1 day

Due to

Arterial hypertension10 yrs

Due to

Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B H HOKE JR M DSALISBURY PA

M. D. or other

MAY 1 47

Address..... Date signed

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MAY 7 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04083

92d

Reg. Dist. No. 162

1. PLACE OF DEATH: Garett
 County.....
 City or town Near Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Garett
 City or town Near Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
William Henry Failinger

3. (b) Social Security Number
212-12-8071

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Orpha Failinger

7. Birth date of deceased (mo., day, yr.) October 8-1889 8. (c) If alive, give age 49 years

8. AGE: Years 57 Months 7 Days 5 It less than one day
 hrs. min.

9. Birthplace R.D. Accident Md
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Failinger

13. Birthplace Not known

MOTHER 14. Maiden name Mtilda Hockman

15. Birthplace R.D. Accident Md

16. Informant Mrs Orpha Failinger

Address Grantsville Md

17. Burial Date thereof May 16-1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Addison

Location Addison Pa

18. Funeral director Wm Winterburg

Address Grantsville Md

19. May 15 19 47 Ethel Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 47 at 1030 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 19 45 to May 14 19 47
 and that I last saw him alive on May 10 19 47

Immediate cause of death

Pulmonary edema

Due to chronic valvular heart

Due to disease

Other conditions congestive generalized

jaundice
 (Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alexander Salosko

Alexander Salosko M. D. or other
 Address Salisbury Pa Date signed 5/14/47

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MAY 16 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Rural Deer Park
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Rural Deer Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4 Mi. So. Deer Park, Md.
 (If rural, give LOCATION)
World War No. 2
 2.(a) If veteran, name war -----

3. (a) FULL NAME

Guss Henry Hardesty

3. (b) Social Security Number

213-12-9229

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Jane White Hardesty</u>		
7. Birth date of deceased (mo., day, yr.) <u>January 18, 1920</u>		
6. (c) If alive, give age <u>30</u> years		
8. AGE: Years <u>27</u>	Months <u>5</u>	Days <u>--</u> hrs. min.

9. Birthplace Garrett Co., Md.
 (Town, county, and state)
 10. Usual occupation Coal Miner and Laborer
 11. Industry or business -----

12. Name Alexander Bushrod Hardesty
 13. Birthplace Garrett Co., Md.
 14. Maiden name Arta Lish
 15. Birthplace Garrett Co., Md.

16. Informant Mrs. Jane Hardesty
 Address R. D. Deer Park, Md.

17. Burial May 20, 1947
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
J. T. Moon Cemetery
 Cemetery or crematory
 Location 5 Mi. So. Deer Park, Md.

18. Funeral director Herbert C. Reighlon
 Address Oakland, Maryland.

19. May 20 19 47 Julius A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 19 47 at 2:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from flamed after death 19 47
 and that I last saw h. alive on 19 47

Immediate cause of death
Crushing injuries to chest wall
with lacerations of lung.
 Due to Automobile accident

Due to -----
 Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----
 Date of op. -----

Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 5/17/47
 Where did injury occur near back of barn Garrett Co. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) public road
 Means of injury Auto turned over Injured at work? no

23. SIGNATURE E. J. Baumgartner M.D. Sept. med.
Oakland Md. M. D. or other Co.
 Address ----- Date signed 5/19/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*The right of land permanently in the
as soon as possible
John*

RECEIVED
JUN 2 1947
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Andrew Washington Helbig.

3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Nellie Helbig
 B. (c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) September 15, 1867
 8. AGE: Years 80 Months 7 Days 24 If less than one day hrs. min.

9. Birthplace Oakland, Maryland.
 (Town, county, and state)
Retired Miller.
 10. Usual occupation.....
 11. Industry or business.....
 12. Name John Helbig.
 13. Birthplace Germany
 14. Maiden name Mary Fleckenstine
 15. Birthplace Germany.

16. Informant Leo Helbig.
 Address Oakland, Maryland.
 17. Burial Date thereof May 12, 47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Peters Cemetery.
 Location Oakland, Maryland.

18. Funeral director Emory D. Bolden,
 Address Oakland, Md.
 19. May 12, 47 Julius Roun
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH May 9, 19 47, at 10:30 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 14 19 46, to May 9 19 47,
 and that I last saw him alive on May 9, 19 47.

Immediate cause of death.....
Coronary Occlusion
 Due to arteriosclerosis
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE A.E. Vance M.D. or other
 Address Oakland Md. Date signed 12 May 47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 20 1947
BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

C4085

171

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Garett
 County.....
 City or town Star Route Grantsville Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Garett
 City or town Star Route Grantsville Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Alice Lucinda Hutzel

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife William Hutzel
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) July 5-1872
 8. AGE: Years 74 Months 10 Days 8 If less than one day
 hrs. min.

9. Birthplace Star Route Grantsville Md
 (Town, county, and state)
 10. Usual occupation House Work
 11. Industry or business.....

FATHER 12. Name James Fresh
 13. Birthplace Not Known
 MOTHER 14. Maiden name Leah Beachley
 15. Birthplace Not Known

16. Informant Orvis Resh
 Address Grantsville Md
 17. Burial Date thereof May 15-1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Brethren
 Location Star Route Grantsville Md

18. Funeral director Wm Winterberg
 Address Grantsville Md
 19. May 15 1947 B Emory
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1947 at 4 a.m.

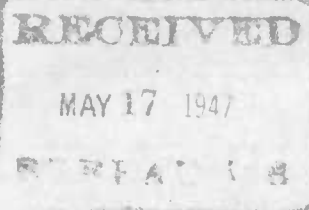
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1947 to May 13 1947
 and that I last saw him alive on May 12 1947
 Immediate cause of death Chronic interstitial nephritis

DURATION 2 yrs
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE N. B. Davis M.D. M. D. or other
 Address Grantsville Md Date signed May 14



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 159 04086 161

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

8. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. May 16

1947

(Date rec'd by registrar)

Kathryn Eike

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

May 16

1947

at 12:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

to

19.....

and that I last saw him..... alive on

19.....

Immediate cause of death.....

Prematurity

Delivered by

Given to me by

Due to

Due to

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Milton Tepfer, M.D.

Address.....

Friendsville, Md.

(Date signed.....)

May 16 1947

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Date of birth

4. Place of birth

5. Date of death

6. Place of death

7. Cause of death

8. Medical certification

9. Signature of physician

10. Signature of registrar

11. Signature of informant

12. Signature of witness

13. Signature of funeral director

14. Signature of undertaker

15. Signature of cemetery

16. Signature of burial

17. Signature of interment

18. Signature of cremation

19. Signature of disposition

20. Signature of final disposition

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Garrett
 City or town... Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life time
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett
 City or town... Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Jease James Knox.

3. (b) Social Security Number

219-03-0154

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife... Mary A. Knox.
 6.(c) If alive, give age 28 years
 7. Birth date of deceased (mo., day, yr.) June 28th, 1913
 8. AGE: Years 33 Months 10 Days 13 If less than one day
hrs.min.

9. Birthplace... Accident, Maryland.
 (Town, county, and state)
 10. Usual occupation... Farmer
 11. Industry or business

FATHER 12. Name... Jonas H. Knox.
 13. Birthplace... Accident, Md.
 MOTHER 14. Maiden name... Ester Teets.
 15. Birthplace... Accident, Md.

16. Informant... Mrs. Mary A. Knox.
 Address... Mt. Lake Park, Md.

17. Burial Date thereof... May 18th/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Oakland, Cemetery.
 Location... Oakland, Maryland.

18. Funeral director... Emory D. Bolden
 Address... Oakland, Md.

19. 5/18/47 19. 47 Julius A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH May 15th 19 47 at 2:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar 7 19 47 to May 15 19 47
 and that I last saw him alive on May 15 19 47

Immediate cause of death... Pulmonary congestion and hypoxia
 Due to... Metastases from
Sarcoma of the st. femur
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... James A. Gannon M.D. M.D. or other
 Address... Oakland, Md. Date signed... May 17 47

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MAY 20 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Hutton, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Hutton, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Ashby Lantz.

3. (b) Social Security Number

220 - 10 - 2825

4. Sex male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.

6.(b) Name of husband or wife Della Lantz

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 23, 1869

8. AGE: Years 78 Months 0 Days 17 If less than one day hrs. min.

9. Birthplace Highland County, Va.
(Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

12. Name John Lantz.

13. Birthplace Highland County, Va.

14. Maiden name Betty Groug.

15. Birthplace Virginia.

16. Informant Robert L. Lantz.

Address Hutton, Maryland.

17. Burial Date thereof May 14 / 47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery.

Location Oakland, Maryland.

18. Funeral director Emory D. Bolden,

Address Oakland, Md.

19. May 14 19 47 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH May 10th 19 47 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 21 19 47 to May 5 19 47 and that I last saw him alive on May 5 19 47.

Immediate cause of death

Cerebral Hemorrhage

Due to arteriosclerosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Es. Mann M.D. or other

Address Oakland Md Date signed 13 May 47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

OFFICE OF THE ATTORNEY GENERAL

MEMORANDUM FOR THE ATTORNEY GENERAL

SUBJECT: [Illegible]

DATE: [Illegible]

FROM: [Illegible]

TO: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

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MAY 20 1947
BUREAU 78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04089
166

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: **Garett**
County.....
City or town **Mountain Lake Park**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **1 Year 2 Months**
Hospital, institution, or street address where death occurred:
New Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Md** County **Garett**
City or town **Grantsville**
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME **Elizabeth Montgomery**
3. (b) Social Security Number **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, married, widowed, or divorced **Widowed**
6. (b) Name of husband or wife **Rush R. Montgomery**
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) **January 26- 1863**
8. AGE: Years **84** Months **3** Days **19** If less than one day
..... hrs. min.

9. Birthplace **Grantsville Md**
(Town, county, and state)
10. Usual occupation **House Work**
11. Industry or business
FATHER 12. Name **Henry Winterberg**
13. Birthplace **Germany**
MOTHER 14. Maiden name **Sophia Scheuermann**
15. Birthplace **Germany**

16. Informant **William Winterberg**
Address **Grantsville Md**
17. **Burial** Date thereof **5-12-1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Grantsville**
Location **Grantsville Md**
18. Funeral director **Wm Winterberg**
Address **Grantsville Md**
5/14/47
19. **Julius A. Bowen**
(Date rec'd by registrar) 19 **47** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **5-14** **47** **5A.**
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 10 19 **46** to **May 14** 19 **47**
and that I last saw him/her alive on **5-13-47** 19.....
Immediate cause of death **Cerebral Hemorrhage**

.....
Due to **Chronic Nephritis**
and Arteriosclerosis **years**
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

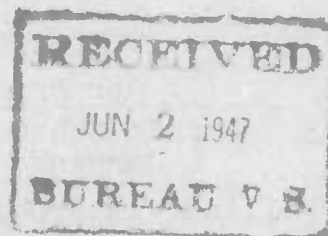
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE **Frank E. Bolger**
M. D. or other
Address **Oakland, Maryland** Date signed **5-14-47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04090

93d

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garrett
 City or town Rural Jennings
 (If outside city or town limits, write RURAL and give nearest town)
8 months
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Rural Jennings
 (If outside city or town limits, write RURAL and give nearest town)
1 Mi. East Jennings
 Street No. -----
 (If rural, give LOCATION)
 2. (a) If veteran, name war -----

3. (a) FULL NAME

Maggie Bitteringer Rodeheaver

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Allen Clay Rodeheaver
 7. Birth date of deceased (mo., day, yr.) October 4, 1874 6. (c) If alive, give age 71 years
 8. AGE: Years 72 Months 7 Days 24 It less than one day
 hrs. min.

9. Birthplace Garrett Co., Md.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home

FATHER 12. Name Alexander Bitteringer
 13. Birthplace Garrett Co., Md.
 MOTHER 14. Maiden name Elizabeth Engle
 15. Birthplace Garrett Co., Md.

16. Informant Allen C. Rodeheaver
 Address Jennings, Md.

17. Burial Date thereof May 30, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Deer Park Cemetery
 Location Deer Park, Md.

18. Funeral director Herbert C. Leighton
 Address Oakland, Maryland.

19. May 30 47 Ethel Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 47 at 11:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947, to May 28 1947
 and that I last saw him alive on May 20 1947

Immediate cause of death Chronic Myocarditis DURATION 2 yrs

Due to -----

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State) -----

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE N. R. Davis M.D. M. D. or other

Address Greenhill Md. Date signed 5/29/47

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JUN 2 1947

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04091
166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 1/2 month.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Emma Teagarden.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow.
 6. (b) Name of husband or wife Wm. J. Teagarden.
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) September 13th, 1864.
 8. AGE: Years 82 Months 8 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Washington County, Pa.
 (Town, county, and state)
House wife.
 10. Usual occupation
 11. Industry or business
 12. Name George Wise.
 13. Birthplace Pennsylvania.
 14. Maiden name Minerva White.
 15. Birthplace West Virginia.

16. Informant Rev. H. O. Teagarden.
 Address Mt. Lake Park, Md.
 Burial Bowman Ridge Cemetery.
 Date thereof May 30/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory
 Location Near Moundsville, Pa.

18. Funeral director Emory P. Bolden
 Address Oakland, Md.
 May 30 1947 Julia Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH May 28th 19 47 at 6:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 Jan to 28 May 19 47
 and that I last saw her alive on 27 May 19 47

Immediate cause of death hemorrhage
 DURATION 1 week

Due to Carcinoma of bladder 6 months

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. E. Mame M.D. or other
 Address Oakland Md Date signed 29 May 47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 2 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1118

CERTIFICATE OF DEATH

Reg. Dist. No. 04092 166

1. PLACE OF DEATH:

County GarrettCity or town Accident, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Accident, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Susan Lucretia Wahl.

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.6. (b) Name of husband or wife George O. Wahl.June 10th 6. (c) If alive, give age 48 years7. Birth date of deceased (mo., day, yr.) June 10th, 1904.

8. AGE:

Years

Months

Days

If less than one day

431118

hrs.

min.

9. Birthplace Pennsylvania.

(Town, county, and state)

10. Usual occupation House wife.

11. Industry or business

12. Name Samuel Pyle.13. Birthplace Pennsylvania.14. Maiden name Elizabeth Pletcher.15. Birthplace Pennsylvania.16. Informant George O. Wahl.Address Accident, Maryland.17. Burial Date thereof May 31st/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns Lutheram CemeteryLocation Accident, Maryland.18. Funeral director Emory D. BoldenAddress Accident, Md.19. May 31 19 47 Julius A. Ponder
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH May 28th, 1947, at 8:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 hours after death to 19 and that I last saw him alive on 19

Immediate cause of death

Acute Pulmonary Edema

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE E. J. Ponder M.D. or otherAddress Accident, Md. Date signed 5/29/47

MARGIN RESERVED FOR BINDING

VS A15 4-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 25 1947

BUREAU V B.

Evidence for addition of usual residence shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04093

FILE No. G 11 C MAY 12 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County Garrett
City or town Round near Fingert
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 mo.
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md. County Garrett
City or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route 2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Frances Wolf
4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan 14, 1856 6.(c) If alive, give age..... years

8. AGE: Years 91 Months 3 Days 17 If less than one day..... hrs. min.

9. Birthplace Frostburg, Md.
(Town, county, and state)

10. Usual occupation Run a boarding house

11. Industry or business Bake shop

12. Name Charles Wolf

13. Birthplace Germany

14. Maiden name Louise Frank

15. Birthplace Germany

16. Informant Mrs. R. E. C.

Address R 2 Bx 241 F Frostburg Md

17. Burial (Burial, cremation, or removal. Which?) Buried Date thereof May 2 1947
(month (day) (year))

Cemetery or crematory W - 1

Location Near Fingert Md.

18. Funeral director Wm Winterberg

Address Grantsville Md

19. (Date rec'd by registrar) May 21 - 47 - Mrs. Michael Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 47 at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 47 to May 1 19 47.

and that I last saw him alive on May 1 19 47.

Immediate cause of death Chronic myocarditis DURATION 1 year

Due to arterio sclerosis

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations X Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE H.C. Diehl, M.D. M. D. or other

Address Frostburg, Md. Date signed 5/2/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 5 1947

BUREAU V B